

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention (CDC) and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Cigarette Smoking

New York State Adults, 2019

Introduction and Key Findings

Cigarette smoking is the leading cause of preventable death and disease in the United States (US). Cigarette smoking causes more than 480,000 deaths each year in the US - nearly one in five deaths.¹ In New York (NY), smoking and secondhand smoke kill over 22,000 people each year.² Smoking harms nearly every organ of the body, causes many diseases, including cancer, heart disease, stroke, diabetes, and respiratory disease, and diminishes the health of smokers in general.¹ An estimated 30 percent of all cancer deaths are related to cigarette smoking, and about 90% of all lung cancer deaths are caused by smoking.^{1,3} Women who smoke during pregnancy are at risk for ectopic pregnancy and babies are at increased risk for low birth weight and birth defects, such as orofacial clefts. Secondhand smoke causes numerous health problems for adults, infants, and children, including more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smoking costs the U.S. hundreds of billions of dollars each year. In NY, smoking-attributable healthcare expenditures have declined by \$2.5 billion from 2011 to 2017, consistent with declines in adult smoking prevalence; however, \$9.7 billion a year is still spent on preventable smoking-related healthcare expenditures.² In the US, thousands of young people start smoking cigarettes every day.⁴ It is well established that most cigarette smokers want to quit smoking.

While adult smoking rates have declined substantially over the past two decades, there are significant disparities in the burden of tobacco. Tobacco use disproportionately affects communities of people who have been marginalized and targeted with advertising and marketing by the tobacco industry including people in low-income communities, racial and ethnic minorities, sexual and gender minorities, and people living with mental illness and substance use disorders.⁵ The tobacco industry spends billions of dollars each year on marketing cigarettes.¹ Although targeted marketing is a normative business practice, when used to promote consumer products that kill up to half of their users, regulatory action, denormalization of these marketing practices, and community mobilization are warranted.⁶

The New York State Department of Health is committed to reducing the burden of tobacco and addressing disparities in tobacco use. The aim of the Tobacco Control Program is to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, alleviate the social and economic burdens caused by tobacco use, and advance health equity. The Program uses an evidence-based, policy-driven, and cost-effective approach to decrease tobacco initiation by youth, motivate smokers to quit, and eliminate exposure to secondhand smoke. The NYS 2019-2024 Prevention Agenda's Prevent Chronic Diseases Action Plan sets an objective to decrease the prevalence of cigarette smoking among adults to 11.0% by 2024.

Key Findings

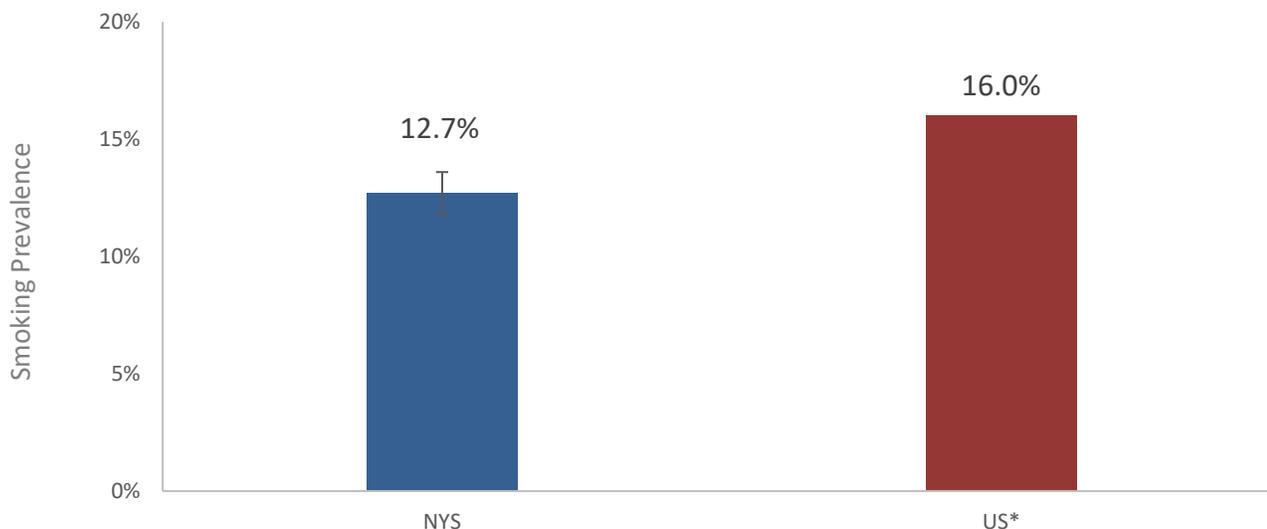
The prevalence of cigarette smoking among adults in 2019 in NYS is 12.7% (Figure 1). Between 2016 and 2019 the prevalence of adult smoking decreased by 10.6%, from 14.2% to 12.7% (Figure 2). Statewide, adult smoking rates remain highest and disproportionately impact adults reporting frequent mental distress (24.7%); adults enrolled in Medicaid (22.9%); adults who are unemployed (21.4%); adults living with disability (19.7%); and those with an annual household income of less than \$25,000 (17.9%) (Figure 2, Table 1). The smoking rate among young adults (18-24 years of age) has reached a new low of 7.6%.

BRFSS Questions

- Have you smoked at least 100 cigarettes in your entire life?
- Do you now smoke cigarettes every day, some days, or not at all?

Note: BRFSS defines "current smoker" as an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.

Figure 1. Prevalence of Current Smoking in NYS and US, BRFSS 2019



*U.S. data point is the median value for all states and D.C. combined. Confidence interval is not used with the median value.

Figure 2. Trends in the Prevalence of Current Smoking among All Adults and Adults in Demographic Groups with the Highest Smoking Rates in NYS, BRFSS 2016-2019



■ 2016 ■ 2017 ■ 2018 ■ 2019

Table 1. Prevalence of Current Cigarette Smoking by Demographic Groups in NYS, BRFSS 2019

	Percent ^a	95% CI ^b	Estimated Weighted Number of People
Total New York State	12.7	[11.8,13.5]	1,795,000
Region			
New York City	10.2	[8.9,11.5]	619,000
NYS excluding NYC	14.5	[13.4,15.5]	1,176,000
Sex			
Male	14.2	[12.8,15.5]	963,000
Female	11.3	[10.2,12.3]	832,000
Race and Ethnicity			
White, Non-Hispanic	13.7	[12.7,14.7]	1,061,000
Black, Non-Hispanic	12.1	[9.7,14.5]	228,000
Other Race or Multiracial, Non-Hispanic	11.6	[8.4,14.8]	183,000
Hispanic	10.6	[8.5,12.6]	273,000
Age			
18 - 24	7.6	[5.2,10.0]	124,000
25 - 34	15.6	[13.1,18.1]	407,000
35 - 44	17.2	[14.6,19.8]	375,000
45 - 54	13.5	[11.5,15.4]	296,000
55 - 64	16.2	[14.2,18.2]	379,000
65+	7.0	[6.0,8.0]	214,000
Education			
Less than High School (H.S.)	15.7	[12.9,18.6]	301,000
H.S. or GED	18.1	[16.1,20.0]	660,000
Some Post H.S.	14.2	[12.5,15.9]	538,000
College Graduate	6.0	[5.2,6.9]	286,000
Annual Household Income			
Less than \$25,000	17.9	[15.9,19.9]	516,000
\$25,000 - 34,999	16.4	[13.2,19.6]	172,000
\$35,000 - 49,999	16.6	[13.4,19.8]	198,000
\$50,000 - 74,999	16.3	[13.0,19.6]	245,000
More than \$75,000	8.2	[7.0,9.5]	372,000
Employment Status			
Employed/Self-Employed	12.7	[11.5,13.8]	1,003,000
Not in Labor Force	11.3	[10.1,12.5]	584,000
Unemployed	21.4	[16.9,25.9]	190,000
Frequent Mental Distress ^c			
Yes	24.7	[21.5,28.0]	404,000
No	11.1	[10.2,11.9]	1,348,000
Disability Status ^d			
Yes	19.7	[17.8,21.6]	717,000
No	10.2	[9.3,11.1]	1,061,000
Health Care Coverage – Type			
Medicaid	22.9	[20.0,25.9]	422,000
Medicare	11.3	[9.6,13.0]	268,000
No Insurance	14.7	[11.6,17.8]	241,000
Private Insurance	10.3	[9.2,11.5]	678,000
Other	15.0	[10.8,19.3]	107,000

a Percentages are weighted to population characteristics.

b Confidence Interval

c Frequent mental distress is defined as yes if respondents report problems with stress, depression, or emotions on at least 14 of the previous 30 days (formerly referred to as poor mental health).

d Disability status is defined as yes if respondents report having at least one type of disability (cognitive, independent living, self-care, mobility, vision, or hearing).

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Program Contributors

New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Bureau of Tobacco Control

Order Information

Copies may be obtained by contacting:

BRFSS Coordinator
New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Empire State Plaza, Rm. 1070
Corning Tower
Albany, NY 12237-0679

Or by phone or electronic mail:

(518) 473-0673

or

BRFSS@health.ny.gov

or

www.health.ny.gov